



## COVID-19 School Reporting Form

Schools (including daycare, childcare, and K-12<sup>th</sup> grade schools) should:

- Report all known cases of COVID-19 in students and staff to Maricopa County Public Health by using the online School Reporting Form ([https://maricopasneb.co1.qualtrics.com/jfe/form/SV\\_d51wyxC8wp8ozfD](https://maricopasneb.co1.qualtrics.com/jfe/form/SV_d51wyxC8wp8ozfD)), this reporting form, **OR** by submitting a line list (if there are multiple cases and it is easier for the school)
- Follow Maricopa County Public Health guidance after identification of a student or staff with COVID-19

<b>School Name:</b>	<b>School Address:</b>
<b>School Point-of-Contact #1</b>	
<b>Name:</b>	<b>Phone Number:</b>
<b>Email:</b>	
<b>School Point-of-Contact #2</b>	
<b>Name:</b>	<b>Phone Number:</b>
<b>Email:</b>	

<b>Case's Name:</b> (Last)                      (First)		<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Staff/Student:</b> <input type="checkbox"/> Staff <input type="checkbox"/> Student
<b>Home Address:</b>		<b>Staff or Parent Phone #:</b>	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<b>City:</b>	<b>Zip Code:</b>	<b>Grade/Homeroom:</b>		
<b>Date of Illness Onset:</b>	<b>Date of Last Attendance:</b>	<b>Date of Positive COVID-19 Test:</b>	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

**Please send/fax report to:**

Maricopa County Department of Public Health  
4041 N Central Ave, Ste 600, Phoenix, AZ 85012  
Phone: (602) 506-6767  
Fax: (602) 372-8935